

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>VOCES DE LA FRONTERA ACTION</b>		3. FEC Identification Number <b>C</b> <b>C90011826</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1027 S. 5TH STREET</b>		
(c) City, State and ZIP Code <b>MILWAUKEE WI 53204</b>		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☒ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M	D D	Y Y Y Y Y Y
10	22	2012

THROUGH

M M	D D	Y Y Y Y Y Y
10	22	2012

6. TOTAL CONTRIBUTIONS .....	.00
7. TOTAL INDEPENDENT EXPENDITURES .....	507.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Eva Hofer

Eva Hofer

01/10/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Christine Neumann-Ortiz		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 28.28	
City Milwaukee	State WI	Zip Code 53204	Transaction ID : F57.000001
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Juan Ruiz		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 137.02	
City Milwaukee	State WI	Zip Code 53204	Transaction ID : F57.000002
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 530.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Lesley Salas		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 47.52	
City Milwaukee	State WI	Zip Code 53204	Transaction ID : F57.000003
Purpose of Expenditure Wages	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		212.82	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 5  
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NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Jhoselinn Perez		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 72.66	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 266.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Vanessa Vara-Ramos		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 17.13	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Elisa Rivas		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 37.68	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 156.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		127.47	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 5  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Elizabeth Sanchez		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 37.68	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Ghorencio Bravo		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 24.22	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Josue Villeda		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 24.22	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 107.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		86.12	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
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NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee Miguel Sanchez		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 18.84	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 99.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Nabeel Nasir		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 24.22	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 115.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Yohanna Reyes		Date MM / DD / YYYY 10 / 22 / 2012	
Mailing Address 1027 S. 5TH STREET		Amount 37.68	
City Milwaukee	State WI	Zip Code 53204	
Purpose of Expenditure Wages		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		80.74	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)		507.15	